

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 22-NOV-2012	TIME 16:05:00	2. ADDRESS OF OCCURRENCE 6253 S CALIFORNIA AVE CHICAGO, IL 60629				3. LOCATION CODE 304	4. BEAT/OCCUR 0825	
	5. POSITION 9206	6. LAST NAME MANGUERRA	7. FIRST NAME GLENN L	8. STAR NO. 14098	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE API	11. AGE 508	12. HT. 166	
	14. DATE OF APPT. 04-OCT-1999	15. EMPLOYEE NO. 477	16. UNIT & BEAT OF ASSIGNMENT 5813	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME JAMISON	21. FIRST NAME ISMAAEEL	22. M.I. KAREE	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 506	26. HT. 200		
	28. ADDRESS CHRIST	29. TELEPHONE NO. 01 Yes <input checked="" type="checkbox"/> 02 No	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), HANDS/FISTS 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST	34. BY WHOM? 01 Apparently Normal 03 Hospitalized	35. CONDITION 04 Not Hospitalized	36. CONDITION 05 Refused Medical Aid					
	36. CHARGES PLACED 720 ILCS 5.0/12-3.05-D-1, 720 ILCS 5.0/12-3.05-A-1, 720 ILCS 5.0/12-3.05-D-7				37. CB NO. 18544216	IR NO. 01 DNA			
	SUBJECT INFORMATION <input type="checkbox"/> DNA	38. SUBJECTS ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		39. MEMBERS RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		40. ASSAULT:ASSAULT FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____			
						41. ASSAULT:BATTERY IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____			
						42. ASSAULT:DEADLY FORCE ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____			
				43. USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input type="checkbox"/> OTHER SEE ADDITIONAL INFO BOX <input type="checkbox"/>					
				44. FIREARM <input checked="" type="checkbox"/>					
				45. OTHER					
				46. KNEE STRIKE <input type="checkbox"/> 47. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> 48. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>					
				49. OTHER					
				50. ADDITIONAL INFORMATION AGGRESSIVELY CHARGED IN A THREATENING MANNER WHILE STATING "I'LL KILL YOU!"					
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA		39. OC/CHMICAL WEAPON AUTHORIZED BY (NAME) 40. ADDITIONAL INFORMATION							
	41. POSITION STAR NO. <input type="checkbox"/>	42. STAR NO. UNIT <input type="checkbox"/>	43. INCIDENT OCCURRED Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>	44. LIGHTING CONDITIONS 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input type="checkbox"/>	45. WEATHER CONDITIONS OTHER <input type="checkbox"/>				
	46. WEAPON TYPE 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/>	47. MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD,CHIEF SPECIAL) <input type="checkbox"/>	48. MODEL 5943 <input type="checkbox"/>	49. BARREL LENGTH 4 <input type="checkbox"/>	50. CALIBER/GAUGE 9 MM <input type="checkbox"/>				
	51. TASER DART ID NO. KJF3371 <input type="checkbox"/>	52. WEAPON SERIAL NO. (Include Letters) 624562 <input type="checkbox"/>	53. CHICAGO GUN REG. NO. 624562 <input type="checkbox"/>	54. FIREARM OWNER ID. NO. 53. HANDGUN CERTIFICATE NO.					
	55. SPECIAL WEAPON CERTIFICATE NO. 56. PROPERTY INVENTORY NO.	57. TYPE OF AMMUNITION USED Department Issued <input type="checkbox"/>	58. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 <input type="checkbox"/>	59. TOTAL NO. OF SHOTS MEMBER FIRED 2 <input type="checkbox"/>					
	60. WHO FIRED FIRST SHOT 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/>	61. WAS FIREARM RELOADED DURING INCIDENT 01 YES <input type="checkbox"/> 02 NO <input checked="" type="checkbox"/>	62. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 2 <input type="checkbox"/>	63. HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/>					
	64. HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/>	65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 03 OTHER (Specify) <input type="checkbox"/>	66. DID MEMBER USE SIGHTS 01 YES <input type="checkbox"/> 02 NO <input checked="" type="checkbox"/>						
	67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE <input type="checkbox"/>	68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. <input type="checkbox"/>							
	69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/>	70. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <input type="checkbox"/>							
	71. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR.	72. SIGNATURES NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.							
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
73. REPORTING MEMBER (Print Name) MANGUERRA, GLENN L <input type="checkbox"/>	STAR/EMPLOYEE NO. 14098 <input type="checkbox"/>	SIGNATURE _____							
74. REVIEWING SUPERVISOR (Print Name) MAIDA, CHARLES V <input type="checkbox"/>	STAR NO. 1359 <input type="checkbox"/>	SIGNATURE _____	DATE REVIEWED 22-NOV-2012 23:47:02 <input type="checkbox"/>	TIME 22-NOV-2012 23:47:02 <input type="checkbox"/>					

1232709168

HV572876

106 1058573
Attachment # 6

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Offender undergoing surgery

78. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at the time, it is the preliminary determination of the undersigned that Ofc. Glenn Manguerra acted in compliance with Department policy in that, Officer Manguerra fired his weapon in fear of his life after the offender lunged toward Ofc. Manguerra in an effort to cause death or great bodily harm to him. The offender had previously injured a minimum of two victims during this incident causing them to be transported to hospitals for emergency treatment. The offender also injured numerous other victims during his attacks.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1058573 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

CAROTHERS, ANTHONY J

SIGNATURE

DATE COMPLETED TIME

23-NOV-2012 00:13:38

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT OFFICER BATTERY REPORT
 ARREST REPORT TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT

CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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